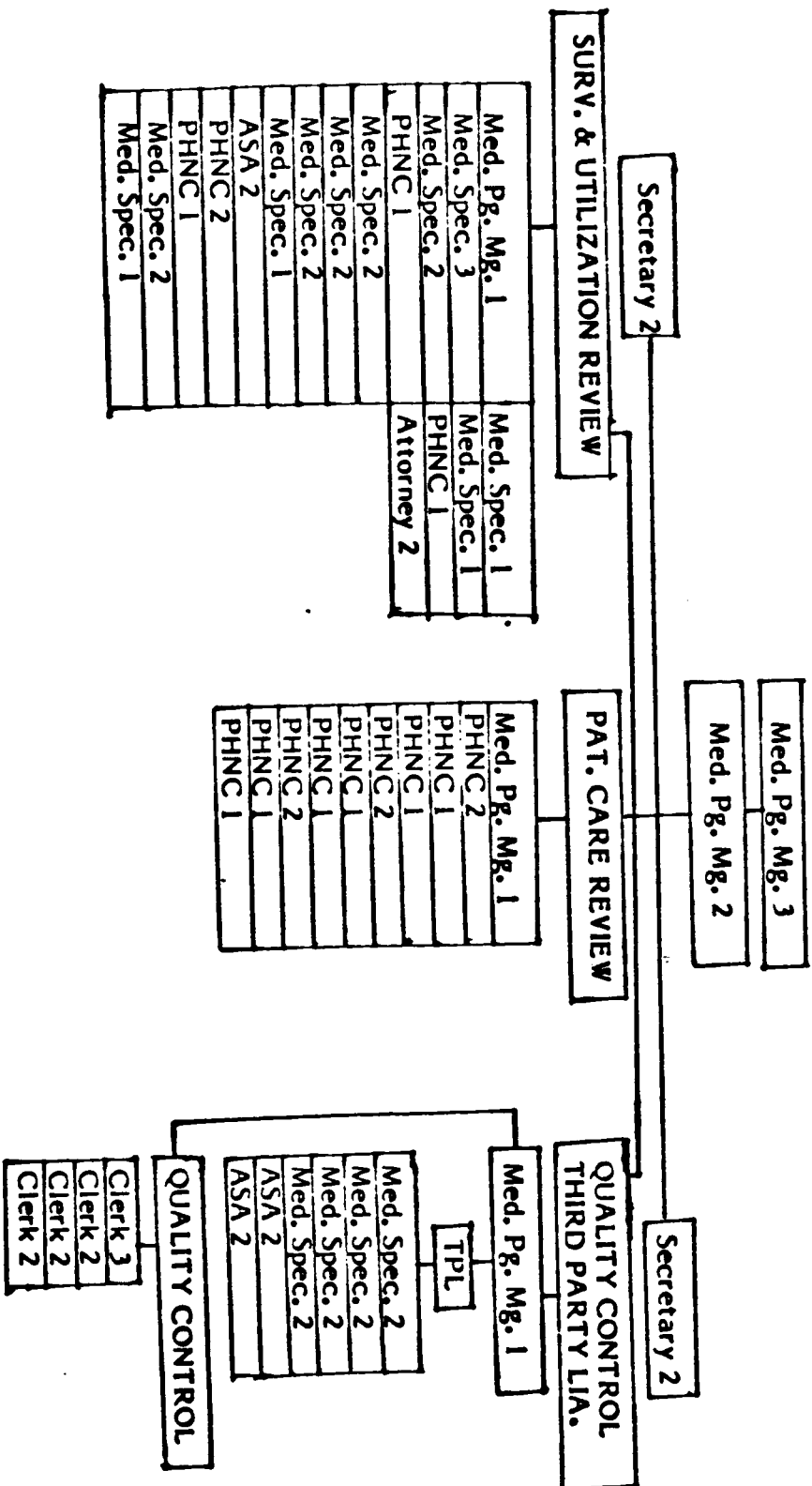


## FISCAL AGENT MANAGEMENT

Manages the contract between TDHE and the Medicaid Fiscal Agent. This includes the full process from managing the implementation of a new contract, insuring that contractual requirements are met and maintained for the duration of the contract, and managing all system maintenance and modifications. The fiscal agent contract is the largest, and by far, the most complex of Medicaid's contracts. This unit is also responsible for managing and coordinating special projects such as the HCFA systems performance review, MMIS certification and MMIS system enhancements.

# DIVISION OF QUALITY CONTROL



## DIVISION OF QUALITY CONTROL (DQC)

The Division of Quality Control provides leadership and direction for four units involved in quality control activities. The DQC assures the integrity and appropriateness of rendering and reimbursement for services. The four units are: Surveillance and Utilization Control, Patient Care Review, Third Party Liability and Micromedia/Quality Control Statistics.

### SURVEILLANCE AND UTILIZATION REVIEW (SUR)

This unit is responsible for the investigation of complaints, referrals and computer identified exceptional activities of providers and recipients. This unit uses established procedures and form letters in its various activities to assure equal treatment. It identifies recipients and providers for educational follow-up. It makes policy and rule recommendations. It meets with other Medicaid units to assure commonality of approach to similar problems and policies and for problem identification. The investigators initiate recoupment letters to providers for identified overutilization, or wrongful billing or medical record actions. This unit is very active in referrals to other agencies as appropriate when information obtained exceeds the SUR area of responsibility. The Tennessee Bureau of Investigation is referred all cases which appear to indicate potential fraud action by a provider. This unit also uses a lock-in (physician and/or pharmacy) or prior approval status to control recipients and their activities. These efforts eliminate Medicaid overutilization and attempt to provide the recipient with a higher quality of health care provision.

### PATIENT CARE REVIEW (PCR)

This unit is responsible for evaluating the quality and medical documentation of patient care by non-institutional providers (EPSD&T, Home Health Agencies, Community Health Clinics, Community Mental Health Centers, Durable Medical Equipment, Case Management Waiver Projects and Home and Community Based Waiver Projects). The unit also provides continuing education to these providers on Medicaid policy and medical necessity issues. Identified deficiencies are referred to the SUR unit if recoupment is apparent or to other agencies as appropriate to their health related findings.

### THIRD PARTY LIABILITY (TPL)

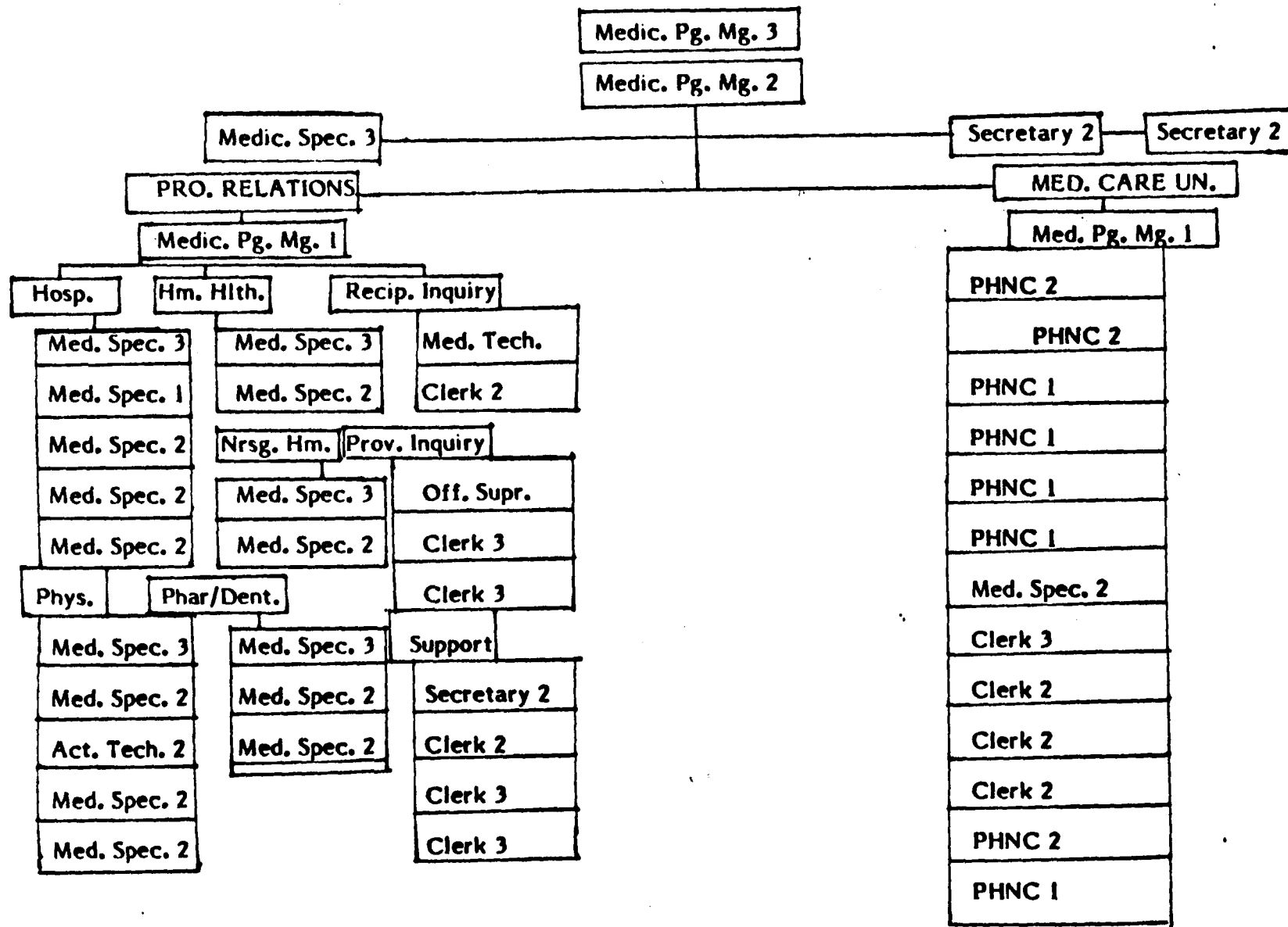
This unit is responsible for verifying recipient specific third party resources which are available to pay for health care. The TPL resource file, in conjunction with established TPL edits in the claims processing system, cost avoid many claims from providers when TPL resources exist but aren't deducted from the claim. This front end denial avoids

large dollar payouts and eliminates future manhours of pay and chase activities. Once Medicaid pays a claim this unit must recover any third party funds that are identified later. There are daily contacts with providers, recipients, insurance companies and attorneys. Claims identified by a trauma diagnosis which may be accident or work related are researched for recipient law suit potential.

#### MICROMEDIA/QUALITY CONTROL STATISTICS (MQC)

This unit is responsible for management and duplication of Medicaid microfilm and microfiche records. Additionally, the unit prepares periodic statistical reports which are sent to the Health Care Finance Administration (HCFA). These federal reports show recipient specific monthly payments based on a sampling of recipients identified by the Tennessee Department of Human Services. This combined report establishes the state error rate for Title XIX eligibility determinations and payments.

DIVISION OF PROGRAM SERVICES



AT-86-4

Effective 4/1/86

*approved 7-17-86*

## DIVISION OF PROGRAM SERVICES

The Division of Program Services manages and coordinates the program units which provide direct informational and technical assistance services to Medicaid participating providers, assists potential providers for enrollment with the Tennessee Medicaid Program, and conducts medical reviews in order to facilitate claims adjudication. These services are provided through two (2) units: Provider Relations and Medical Care Unit.

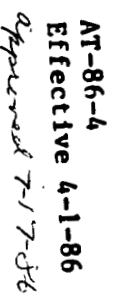
### PROVIDER RELATIONS

This unit's responsibility is to provide direct technical assistance to Medicaid participating providers regarding the completion of claims, interpretation of program policies, and communication to the fiscal agent of systems, batching, or data input errors which occur during the claims adjudication process. This unit is also responsible for the planning and conducting of provider workshops, liaison activities with the various provider associations, preparing provider bulletins, and assisting in the development of provider manuals.

### MEDICAL CARE UNIT

This unit has the responsibility of reviewing all Medicaid Claims having a medical component which requires medical judgement and expertise. Provides quality medical reviews by implementing Medicaid policy and guidelines using keen observation, judgement and knowledge when applying criteria to ensure that decisions are in the best interest of the eligible recipient and provider.

Attachment  
Page 18 of 20





## DIVISION OF PROGRAM MANAGEMENT

The Division of Program Management has the responsibility of calculating reimbursement profiles, updating per diem cost rates, developing and distributing claim processing instructions; originating, developing and implementing Tennessee Medicaid policies based on federal and state laws and regulations; enrolling providers; researching, developing, implementing and managing cost effective alternatives to health care delivery. The Division is composed of the following units: Documentation and File Maintenance, Program Policy, Provider Enrollment, and Planning and Development.

### DOCUMENTATION AND FILE MAINTENANCE

The Documentation and File Maintenance unit performs and documents reference file maintenance. The unit calculates reimbursement profiles. Provider per diem cost rates are updated and verified by the unit. The unit also document all Medicaid program policy which necessitates claims processing edits/audits, and develop and distribute processing instructions.

### PROGRAM POLICY

The Program Policy unit is responsible for researching, analyzing and developing policies for program coverage, service delivery, and provider reimbursement. The unit also develops rules and regulations to support program policies.

## PROVIDER ENROLLMENT

Provider Enrollment has the crucial responsibility of enrolling providers desiring to participate in the Tennessee Medicaid Program. The purpose of the unit is to provide prompt, accurate and professional response to provider's request for enrollment.

## PLANNING AND DEVELOPMENT

Planning and Development is charged with the responsibility of analyzing existing programs, researching proposed federal-state-local programs, developing cost effective mechanisms for utilizing federal funds, implementing improved mechanisms of reimbursement; reviewing federal regulations, providing services for information requests, conducting feasibility studies, and operating as a communications liaison. This unit functions, to research, develop, implement and evaluate special alternative projects, waiver projects and other programs upon request from the Bureau of Medicaid. It is responsible for efforts toward developing and managing cost effective alternatives to long term care and other health care delivery methods as well as evaluating the long range and short term impact of medical policies on Medicaid recipients with the objective of providing health care efficiently and effectively.